

EXHIBIT A



December 29, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To the Officials Identified in the Attached Exhibit A:

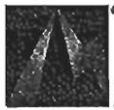
Re: Notice of Pendency of Class Action, Proposed Settlement
and Fairness Hearing in *In re Medco/Express Scripts Merger
Litigation*, Civil Action No. 11-4211 (DMC), United States
District Court, District of New Jersey

On behalf of all defendants in the consolidated actions *In re Medco/Express Scripts Merger Litigation*, Civil Action No. 11-4211 (DMC), before the United States Court for the District of New Jersey and *In re Medco Health Solutions Inc. Shareholders Litigation*, Civil Action No. 6720-CS, before the Court of Chancery of the State of Delaware, we are sending the following materials and giving notice of a proposed settlement pursuant to the notice requirement of the Class Action Fairness Act, 28 U.S.C. § 1715:

- Exhibit A – Distribution List of Attorneys General
- Exhibit B – Table Listing the States and Territories Together With the Number of Proposed Class Members Residing Therein

With respect to *In re Medco/Express Scripts Merger Litigation*, 2:11-cv-04211-DMC-MF (D.N.J.), please find enclosed:

- Complaint, (filed July 22, 2011);
- Amended Complaint, (filed August 5, 2011);
- Consolidation Order, (filed August 17, 2011);
- Order on Oral Motion, (filed August 30, 2011);
- Order Denying Defendants' Motion to Dismiss, (filed September 19, 2011);
- Opinion in Support of Order Denying Defendants' Motion to Dismiss (filed September 19, 2011);



Berdon Claims Administration LLC

-2-

- Stipulation of the Parties to the Proposed Settlement (filed November 25, 2011);
- Order Granting Preliminary Approval of the Proposed Settlement, (filed Nov. 28, 2011);
- Amended Order Granting Preliminary Approval of the Proposed Settlement, (filed Dec. 21, 2011);
- Notice of Pendency of Class Action, Proposed Settlement and Fairness Hearing for Mailing to Class Members.

With respect to *re Medco Health Solutions Inc. Shareholders Litigation*, Civil Action No. 6720-CS (Del. Ch.), please find enclosed:

- Complaint, (filed July 27, 2011);
- Order Granting Class Certification, (filed August 23, 2011);
- Consolidated Amended Complaint, (filed October 27, 2011);
- Letter Informing Court of Proposed Settlement, (filed November 29, 2011);
- Supplemental Materials in Support of Letter Informing Court of Proposed Settlement, (filed November 29, 2011).

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Rosenbaum".

Michael Rosenbaum
Managing Director

(Enclosures)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Eric Holder Attorney General of the United States
 Office of the Attorney General
 950 Pennsylvania Avenue
 Washington DC 20530

2. Article Number

(Transfer from service label)

7007 1490 0003 0766 5153

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X RECEIVED
 Agent
 Addressee

B. Received by (Printed Name)

JAN 10

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

DOJ

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Luther Strange Attorney General of Alabama
 Office of the Attorney General
 501 Washington Ave, Box 300152
 Montgomery AL 36130

2. Article Number

(Transfer from service label)

7007 1490 0003 0766 5160

PS Form 3811, February 2004

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

JAN 03 2012

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. John Burns Attorney General of Alaska
 Office of the Attorney General
 P.O. Box 110300, Diamond Courthouse
 Juneau AK 99811

2. Article Number

(Transfer from service label)

7007 1490 0003 0766 5177

PS Form 3811, February 2004

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Tom Horne Attorney General of Arizona
 Office of the Attorney General
 1275 W. Washington St
 Phoenix AZ 85007

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7007 1490 0003 0766 5184

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Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Dustin McDaniel Attorney General of Arkansas
 Office of the Attorney General
 200 Tower Bldg., 323 Center Street
 Little Rock AR 72201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-4-12

 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7007 1490 0003 0766 5191

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Kamala Harris Attorney General of California
 Office of the Attorney General
 1300 I Street, Suite 1740
 Sacramento CA 95814

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-4-12

 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7007 1490 0003 0766 5207

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. John Suthers Attorney General Colorado
Office of the Attorney General
1525 Sherman Street 5th Floor
Denver CO 80203

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**JAN 8 ?**

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7007 1490 0003 0766 5214

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. George Jepsen Attorney General Connecticut
Office of the Attorney General
55 Elm Street
Hartford CT 6141

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7007 1490 0003 0766 5221

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Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Joseph R. Biden, III Attorney General Delaware
Office of the Attorney General
820 N. French Street
Wilmington DE 19801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7007 1490 0003 0766 5238

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Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Irvin Nathan Attorney General of the District of Columbia
 Office of the Attorney General
 1350 PA Ave, NW Suite 409
 Washington DC 20009

2. Article Number

(Transfer from service label)

7005 1820 0005 0742 9448

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature***X A. P. Moore*
 Agent
 Addressee
 B. Received by (Printed Name)*A. P. Moore***C. Date of Delivery**
*1-5-12***D. Is delivery address different from item 1?** Yes
If YES, enter delivery address below: No**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Pam Bondi Attorney General of Florida
 Office of the Attorney General
 The Capitol, PL 01
 Tallahassee FL 32399

2. Article Number

(Transfer from service label)

7005 1820 0005 0742 9455

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature***X RECEIVED*
 Agent
 Addressee
 B. Received by (Printed Name)*RECEIVED***C. Date of Delivery**
*1/10 JAN 3 2012 7:59 AM***D. Is delivery address different from item 1?** Yes
If YES, enter delivery address below: No*ATTORNEY GENERAL'S OFFICE***3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Sam Olens Attorney General of Georgia
 Office of the Attorney General
 40 Capitol Square, SW
 Atlanta GA 30334

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6074

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature***X Sam Olens*
 Agent
 Addressee
 B. Received by (Printed Name)*Sam Olens***C. Date of Delivery**
*01/03/12***D. Is delivery address different from item 1?** Yes
If YES, enter delivery address below: No**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. David Louie Attorney General of Hawaii
Office of the Attorney General
425 Queen Street
Honolulu HI 96813

**2. Article Number
(Transfer from service label)**

7009 2820 0004 0232 6081

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

Yes
 No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Lawrence Wasden Attorney General of Idaho
Office of the Attorney General
Statehouse, 700 W. Jefferson St.
Boise ID 83720

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6098

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

Yes
 No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Lisa Madigan
Attorney General of Illinois
Office of the Attorney General
100 W. Randolph Street
Chicago, IL 60601

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6241

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

Yes
 No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Greg Zoeller
 Attorney General of Indiana
 Office of the Attorney General
 302 West Washington Street, 5th Fl
 Indianapolis, IN 46204

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 01.03.12

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6258

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Tom Miller
 Attorney General of Iowa
 Office of the Attorney General
 135 E Walnut
 Des Moines, IA 50319

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 01.03.2012

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6265

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Derek Schmidt
 Attorney General of Kansas
 Office of the Attorney General
 120 S.W. 10th Avenue, 2nd Floor
 Topeka, KS 66612

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 01.03.12

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6272

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Jack Conway
Attorney General of Kentucky
Office of the Attorney General
100 Capitol Avenue, Capitol
Building, Suite 118
Frankfort, KY, 40601

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6289

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

KYLE WILSON

 Agent
 Addressee
B. Received by (Printed Name)

JAN 03 RECD BY JAN 3 2012

C. Date of Delivery**D. Is delivery address different from item 1?** Yes

If YES, enter delivery address below:

 No**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. James D. Caldwell
Attorney General of Louisiana
Office of the Attorney General
P.O. Box 940915, Livingston Bldg.
Baton Rouge, LA, 70805

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6296

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

Annette Pierre

 Agent
 Addressee
B. Received by (Printed Name)

Annette Pierre

C. Date of Delivery**D. Is delivery address different from item 1?** Yes

If YES, enter delivery address below:

 No**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. William J. Schneider
Attorney General of Maine
Office of the Attorney General
State House
Augusta, ME 04333

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6302

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**
 Agent
 Addressee
B. Received by (Printed Name)C. Date of Delivery
01-03-12**D. Is delivery address different from item 1?** Yes

If YES, enter delivery address below:

 No**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) YesSTATE POSTAL CENTER
88 STATE HOUSE STATION
AUGUSTA ME 04333-0088

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Douglas F. Gansler
 Attorney General of Maryland
 Office of the Attorney General
 200 St. Paul Place
 Baltimore, MD 21202

2. Article Number:

(Transfer from service label)

7009 2820 0004 0232 6319

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Ch. Jackson
 Agent
 Addressee

B. Received by (Printed Name)

Ch. Jackson

C. Date of Delivery

1-3-2012

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Martha Coakley
 Attorney General of Massachusetts
 Office of the Attorney General
 1 Ashburton Place
 Boston, MA 02108

2. Article Number:

(Transfer from service label)

7009 2820 0004 0232 6326

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Maria Morales
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

RECEIVED JAN 03 2012

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Bill Schuette
 Attorney General of Michigan
 Office of the Attorney General
 P.O. Box 30212, 525 W. Ottawa St.
 Lansing, MI 48909

2. Article Number:

(Transfer from service label)

7009 2820 0004 0232 6333

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Lori Swanson
 Attorney General of Minnesota
 Office of the Attorney General
 State Capitol, Suite 102
 St. Paul, MN, 55155

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6340

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

Danny Red

C. Date of Delivery

1-3-12

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

1. Article Addressed to:

Hon. Jim Hood
 Attorney General of Mississippi
 Office of the Attorney General
 550 High Street, Ste 1200, P.O. Box 220
 Jackson, MS, 39201

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6357

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

Chris Koster

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

JAN 03 2012

1. Article Addressed to:

Hon. Chris Koster
 Attorney General of Missouri
 Office of the Attorney General
 Supreme Court Bldg., 207 W.
 High Street
 Jefferson City, MO, 65101

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6364

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

JAN 03 2012

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Steve Bullock
 Attorney General of Montana
 Office of the Attorney General
 Justice Bldg., 215 N. Sanders
 Helena, MT, 59620

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6371

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mary Washark

Agent
 Addressee

B. Received by (Printed Name)

Mary Washark

C. Date of Delivery

11/3/12

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Jon Bruning
 Attorney General of Nebraska
 Office of the Attorney General
 P.O. 98420, 2115 State Capitol
 Lincoln, NE 68509

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6210

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Landen Haake

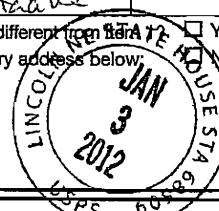
Agent
 Addressee

B. Received by (Printed Name)

Landen Haake

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No



3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Catherine Cortez Masto
 Attorney General of Nevada
 Office of the Attorney General
 Old Supreme Court Bldg., 100 N.
 Carson St.
 Carson City, NV 89701

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6227

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVED
 JAN 03 2012
 ATTORNEY GENERAL
 MAILROOM

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Michael Delaney
 Attorney General of New Hampshire
 Office of the Attorney General
 State House Annex,
 33 Capitol Street
 Concord, NH 03301

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6234

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** Agent
 Addressee**B. Received by (Printed Name)****C. Date of Delivery**

JAN 03 2012

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**1. Article Addressed to:**

Hon Jeffrey S. Chiesa
 Attorney General of New Jersey
 Office of the Attorney General
 PO Box 080
 Trenton, NJ 08625-0080

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6203

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** Agent
 Addressee**B. Received by (Printed Name)****C. Date of Delivery**

1/4/11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**1. Article Addressed to:**

HON. Gary King
 Attorney General of New Mexico
 Office of the Attorney General
 Villagra Building,
 408 Salinas St., PO Box 629
 Santa Fe, NM 87504

2. Article Number

(Transfer from service label)

7005 1820 0005 0735 8328

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** Agent
 Addressee**B. Received by (Printed Name)****C. Date of Delivery**

1/4/11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**3. Service Type** Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Eric Schneiderman
 Attorney General of New York
 Office of the Attorney General
 Dept. of Law, The Capitol, 2nd Floor
 Albany, NY 12224

2. Article Number

(Transfer from service label)

7005 1820 0005 0742 9608

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name) **RECEIVED**
NY'S OFFICE OF THE ATTORNEY GENERAL C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: **JAN 3 2012** No

OFFICE OF LEGAL RECORDS
 ALBANY, NEW YORK 12224

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Roy Cooper
 Attorney General of North Carolina
 Office of the Attorney General
 PO Box 629, 114 West Edenton St
 Raleigh, NC 27602

2. Article Number

(Transfer from service label)

7005 1820 0005 0742 9615

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

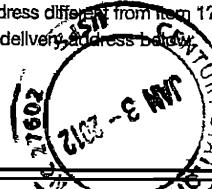
X

Agent
 Addressee

B. Received by (Printed Name) **RECEIVED**

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: **2002-3-NYC** No



3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Wayne Stenehjem
 Attorney General of North Dakota
 Office of the Attorney General
 State Capitol, 600 E. Boulevard Ave.
 BISMARCK, ND 58505

2. Article Number

(Transfer from service label)

7005 1820 0005 0735 8298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sandra Barbee

Agent
 Addressee

B. Received by (Printed Name) **Sandra Barbee**

C. Date of Delivery

1/3/2012

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: Laney - 2012</p>	
<p>1. Article Addressed to:</p> <p>Hon. Mike DeWine Attorney General of Ohio Office of the Attorney General State Office Tower 30 E. Broad St. - 14th Fl. Columbus, OH 43266</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0005 0735 8304</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Matt Wade 1/3/12</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Hon. Scott Pruitt Attorney General of Oklahoma Office of the Attorney General 313 NE 21st Street Oklahoma City, OK 73105</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0005 0735 8274</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature S. Brown</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>1-3-12</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Hon. John Kroger Attorney General of Oregon Office of the Attorney General Justice Bldg, 1162 Court St NE Salem, OR 97301</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0005 0735 8335</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MoA- Linda Kelly
 Attorney General of Pennsylvania
 Office of the Attorney General
 1600 Strawberry Square
 Harrisburg, PA 17120

2. Article Number

(Transfer from service label)

7005 1820 0005 0736 2516

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

JAN 3 2012

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED

DEPARTMENT OF
ATTORNEY GENERAL**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MoA-Peter Kilmartin
 Attorney General of Rhode Island
 Office of the Attorney General
 150 S. Main Street
 Providence, RI 02903

2. Article Number

(Transfer from service label)

7005 1820 0005 0742 9653

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

JAN 3 2011

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MoA- Alan Wilson
 Attorney General of S. Carolina
 Office of the Attorney General
 Robert C. Dennis Office Bldg.
 P.O. 11549
 Columbia, SC 29201

2. Article Number

(Transfer from service label)

7005 1820 0005 0736 2271

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

JAN 3 2012

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Marty J. Jackley
 Attorney General of South Dakota
 Office of the Attorney General
 1302 East Highway 14, Suite 1
 Pierre SD 57501

2. Article Number

(Transfer from service label)

7005 1820 0005 0735 8250

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature***X Beckie R. Ridings*

Agent
 Addressee

B. Received by (Printed Name)

Beckie Ridings

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Robert E. Cooper, Jr.
 Attorney General of Tennessee
 Office of the Attorney General
 425 5th Avenue North
 Nashville, TN 37243

2. Article Number

(Transfer from service label)

7003 2260 0006 7551 2716

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature***X Randy E. Cooper*

Agent
 Addressee

B. Received by (Printed Name)

R. COOPER

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

RECEIVED IN MAIL CENTER

JAN 03 2012

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Greg Abbott
 Attorney General of Texas
 Office of the Attorney General
 P.O. Box 12548
 Austin, TX 78711

2. Article Number

(Transfer from service label)

7003 2260 0006 7551 2723

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature***X Greg Abbott*

Agent

Addressee

B. Received by (Printed Name)

GREGORY ABBOTT

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

RECEIVED IN MAIL CENTER

JAN 03 2012

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Mark Shurtleff
Attorney General of Utah
Office of the Attorney General
State Capitol, Rm 236
Salt Lake City UT 84114

2. Article Number

(Transfer from service label)

7003 2260 0006 7551 2730

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**
 Agent
 Addressee
 B. Received by (Printed Name)**C. Date of Delivery****Received**D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: NoJAN 03 2012
State Mail & Distribution Sys.**3. Service Type**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee)
 Yes
 SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. William H. Sorrell
Attorney General of Vermont
Office of the Attorney General
109 State Street
Montpelier, VT 05609

2. Article Number

(Transfer from service label)

7003 2260 0006 7551 2747

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**
 Agent
 Addressee
 B. Received by (Printed Name)**C. Date of Delivery****RECEIVED**D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: NoOFFICE OF THE ATTORNEY GENERAL
ADMINISTRATION DIVISION**3. Service Type**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee)
 Yes
 SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Ken Cuccinelli, II
Attorney General of Virginia
Office of the Attorney General
900 East Main Street
Richmond, VA 23219

2. Article Number

(Transfer from service label)

7003 2260 0006 7551 2754

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Rob. McKenna
Attorney General of Washington
Office of the Attorney General
1125 Washington St. SE, P.O. Box 40100
Olympia, WA 98504

2. Article Number

(Transfer from service label)

Department of General Administration**Consolidated Mail Services**

P O Box 41050

Olympia, WA 98504-1050

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Darrell V. McGraw Jr.
Attorney General of West Virginia
Office of the Attorney General
State Capitol, 1900 Kanawha Blvd., E.,
Charleston, WV 25305

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Kathy L. Thomas* Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

JAN 03 2012

D. Is delivery address different from item 1?

Yes
If YES, enter delivery address below: No

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. J.B. Van Hollen
Attorney General of Wisconsin
Office of the Attorney General
114 East State Capitol, P.O. Box 7857
Madison, WI 53707

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Basil P. Rudy* Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

JAN 03 2012

D. Is delivery address different from item 1?

Yes
If YES, enter delivery address below: No

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon Greg Phillips
Attorney General of Wyoming
Office of the Attorney General
State Capitol Building
Cheyenne WY 82002

2. Article Number

(Transfer from service label)

7005 1820 0005 0736 2288

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

Agent
 Addressee

B. Received by (Printed Name)C. Date of Delivery
JAN 03 2012**D. Is delivery address different from item 1? Yes**If YES, enter delivery address below: No**3. Service Type**

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Featuau Afa Ripley Jr.
Attorney General of American Samoa
American Samoa Gov't
A.P. Lutali Executive Office Bldg
Pago Pago AS 96799

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6166

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No**3. Service Type**

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Lenny Rapadas
Attorney General of Guam
Office of the Attorney General
287 West O'Brien Drive
Hagatna Guam 96910

2. Article Number

(Transfer from service label)

7009 2820 0004 0232 6180

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

01-04-2012

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No**3. Service Type**

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Edward T. Buckingham
Attorney General of the Northern Mariana Islands
Office of the Attorney General
Administration Building, P.O. Box 10007
Saipan, MP 96950

2. Article Number

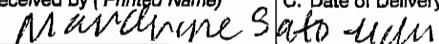
(Transfer from service label)

7009 2820 0004 0232 6197

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**
 Agent
 Addressee
B. Received by (Printed Name)
Juan Matos
C. Date of Delivery
 01/09/12

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No
 Islands
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Ernestine K. Rengin
Attorney General for Palau
Office of the Attorney General
P.O. Box 1365
Koror PW 96940

2. Article Number

(Transfer from service label)

7003 2260 0006 7551 2792

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**
 Agent
 Addressee
B. Received by (Printed Name)
Ernestine K. Rengin
C. Date of Delivery
 01/09/12

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

Ernestine K. Rengin**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. Guillermo Somoza
Attorney General of Puerto Rico
Office of the Attorney General
GPO Box 902192
San Juan, PR 00902

2. Article Number

(Transfer from service label)

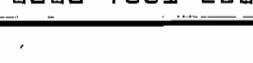
7003 2260 0006 7551 2808

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**
 Agent
 Addressee
B. Received by (Printed Name)
Guillermo Somoza
C. Date of Delivery
 01/09/12

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

Guillermo Somoza

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Hon. Vincent Frazer
Attorney General of the
US Virgin Islands
Office of the Attorney General
Dept. of Justice, GERS Complex
Kingsbridge Plaza 484-500
St. Thomas, VI 00462*

2. Article Number

(Transfer from service label)

7003 2260 0006 7551 2822

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)

Andrea Padilla

C. Date of Delivery**D. Is delivery address different from Item 1? Yes**If YES, enter delivery address below: No**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Lee C. Bollinger
Chairman
Federal Reserve Bank of New York
33 Liberty Street
New York, NY 10045*

2. Article Number

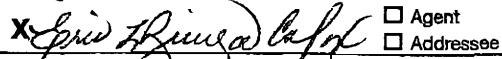
(Transfer from service label)

7003 2260 0006 7551 2839

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)

Lee C. Bollinger

C. Date of Delivery

1/14/12

D. Is delivery address different from Item 1? YesIf YES, enter delivery address below: No**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Alfredo Padilla
Office of the Commissioner
of Financial Institutions
P O Box 11855
San Juan, PR 00910-3855*

2. Article Number

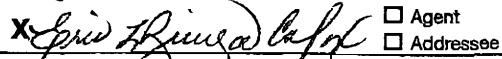
(Transfer from service label)

7003 2260 0006 7551 2846

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)

Alfredo Padilla

C. Date of Delivery

1/14/12

D. Is delivery address different from Item 1? YesIf YES, enter delivery address below: No**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes